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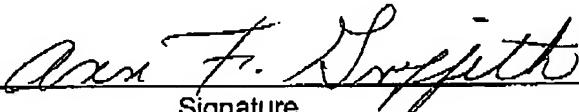
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10/786,217

CL 1375 CONT., Petition to Revive, RCE Application, Amendment, Extension of Time, Fee Transmittal

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2008 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**1,500.00****Complete if Known**

Application Number	10/786217
Filing Date	February 25, 2004
First Named Inventor	Edmund Arthur Flexman, et al.
Examiner Name	Vickey M. Roneski
Art Unit	1714
Attorney Docket No.	CL1375USCNT

**METHOD OF PAYMENT** (check all that apply)

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Deposit Account   Deposit Account Number: **04-1928**   Deposit Account Name: **E. I. du Pont de Nemours and Company**

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)				
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)					
Utility	<input type="checkbox"/>	310	<input type="checkbox"/>	155	<input type="checkbox"/>	510	255	<input type="checkbox"/>	210	105	0.00
Design	<input type="checkbox"/>	210	<input type="checkbox"/>	105	<input type="checkbox"/>	100	50	<input type="checkbox"/>	130	65	0.00
Plant	<input type="checkbox"/>	210	<input type="checkbox"/>	105	<input type="checkbox"/>	310	155	<input type="checkbox"/>	160	80	0.00
Reissue	<input type="checkbox"/>	310	<input type="checkbox"/>	155	<input type="checkbox"/>	510	255	<input type="checkbox"/>	620	310	0.00
Provisional	<input type="checkbox"/>	210	<input type="checkbox"/>	105	<input type="checkbox"/>	0	0	<input type="checkbox"/>	0	0	0.00

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity****Fee (\$)****Fee (\$)****Fee (\$)****Fee (\$)****Fee (\$)****Fee (\$)**

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x 50.00	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x 210.00	=	

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims****Fee (\$)****Fee (\$)**